

Patient Identification

Patient Name: _____

Age: _____

Date: _____

Initiation of restraint / seclusion (circle one) Time: _____
Brief description of behaviors/events leading to use: _____

Rationale for intervention selected: _____
Staff assisting with intervention: _____

Less restrictive interventions attempted (check applicable):

- ☐ Time out/quiet room
- ☐ Increased observation status
- ☐ Verbal de-escalation techniques
- ☐ Structured room plan
- ☐ Redirecting _____ med _____ time
- ☐ Medication offered/given _____ / _____
- ☐ Physical containment hold
- ☐ Other (list) _____
- ☐ Not attempted due to threats to safety of patients / staff / other / milieu

Injuries sustained by patient? ☐ NO ☐ YES
(specify if yes) _____
Treatment provided _____
Completed by: _____ (initial here and sign back of form)

	8A	10A	12P	2P	4P	6P	8P	10P	12A	2A	4A	6A
Behavior												
Combative												
Threatening												
Agitated												
Talking												
Cooperative												
Quiet												
Sleeping												
OTHER (specify)												
Staff initials												

	8A	10A	12P	2P	4P	6P	8P	10P	12A	2A	4A	6A
Activity *												
Eye contact												
Continuously maintained												
q15 minute checks												
Hydration												
Elimination												
Told criteria												
Nutrition												
Vital Signs												
Hygiene												
RESTRAINTS ONLY:												
Application												
Circulation												
Positioning												
ROM												
OTHER (specify)												
Staff initials												

* Specify in each grid the following: R = If patient refused N = Activity not offered due to patient's behavior N/A = Not applicable	Type of Restraint: (circle one)		Applied to: (circle one)		Time Discontinued: <input type="checkbox"/> _____ <input type="checkbox"/> N/A	Criteria for Release	Time established
	Locked Leather	Seat Belt	All limbs	Chest			
	Waist	Camisole	Left arm	Right arm		Revision of release criteria	Time of revision
	Soft Limb		Left leg	Right leg			
	Other: _____		Waist	Other: _____			

- Initial written order required **within one hour** of initiation

INITIAL ORDER –

ORDER RENEWAL –

- [illegible]

[illegible]

This notification is required after 12 hours of continuous restraint or seclusion or for 2 or more episodes within 12 hours for the same patient.

WHO WAS NOTIFIED?

AT WHAT TIME?

WHO NOTIFIED THEM?

SIGNATURES

[illegible]

IN-PERSON EVALUATION BY AN LIP (must be documented by the LIP in Progress Note): This evaluation is required within one hour of initiation for all patients in behavioral health setting.

REPEAT IN-PERSON EVALUATION BY AN LIP (document in progress note)
Repeat in-person evaluations by an LIP are required at least **every 4 hours for children and adolescents (<18 y.o.)** and **every eight hours for adults (>18 y.o.)**

Time of evaluation	LIP evaluator	RN Initials